·							1999 Session	
	X	ORIGINAL		UPDATED	JPDATED		LRB or Bill No./Adm. Rule SB 142 (LRB-2920/1)	
FISCAL ESTIMATE DOA-2048 (R10/92)		CORRECTED		SUPPLEM	ENTAL	Amendment No. if applicable		
Subject Classifying county jailers as protective occupation participants for WRS.								
Fiscal Effect								
State: No State Fisca	l Effect							
Check columns below only if bill makes a direct appropriation						e Costs - May	be possible to absorb	
or affects a sum sufficient appropriation.					Within Ag	ency's Budget	☐ Yes ☐ No	
☐ Increase Existing Appropriation ☐ Increase Existing Revenues						☐ Decrease Costs		
 □ Decrease Existing Appropriation □ Decrease Existing Revenues □ Create New Appropriation 					s Li Decrea			
Local: No local govern		· · · · · · · · · · · · · · · · · · ·						
1. ☐ Increase Costs						Types of Local Governmental Units affected:		
☐ Permissive ☐ Ma	ndatory	☐ Permissive ☐ Mandatory			☐ Towns			
☐ Decrease Costs 4. ☐ Decrease Revenues					☐ School Districts ☐ VTAE Districts			
☐ Permissive ☐ Mai	ndatory	☐ Permi	ssive 🗆	Mandatory				
Fund Sources Affected					ted Ch. 20 Appro	priations		
☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEG ☐ SEG-S s. 20.5					20.515			
Assumptions Used in Arriving	at Fiscal Es	timate						
SB 142 allows county jailers who are participating employes in the Wisconsin Retirement System on the effective date of the bill to receive credit as a protective occupation participant for all years of creditable service earned after that date. If enacted, the bill will require the Department to make changes to an individual's record. The Department, however, will be able to perform this task with existing staff and resources. Over the long-term, an increase in s. 40.65 duty disability claims may be expected but the number and fiscal impact are indeterminate. This fiscal estimate addresses only the administrative costs of SB 142. The Joint Survey Committee on Retirement Systems will estimate the fiscal effect on the trust fund.								
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Long-Range Fiscal Implication								
Long-Nange i iscai implication	3						•	
Agency/Prepared by: (Name &	Phone No.)	A	uthorize	d Signature	/Telephone No.		Date	
Demonstrate Francis of T	-4 (" d -							
Department of Employe Trus	st Funds				1		-1-10-	
Pamela Henning 267-2929) avid	Humi	hs 266	-3763	5/1/99	